

**Foxboro Recreation Department
Summer Registration Form and Information
2014**

Name of Child ____/____/____ M/F Age as of 6/1/14

Parent/Guardian Home Phone Cell Phone

Address Email Address

Personal Characteristics of Child _____
 Hair Color Weight (approx.) Height (approx.) Eye Color

T-shirt size: _____ (Youth or Adult)

Name of Emergency Contact Relationship Telephone #

Name of an adult allowed to pick up your child Relationship Telephone #

Does your child have any physical or emotional disability, which requires special services or attention?

No Yes please explain

Does your child have any medical condition or currently receive any prescribed medications? Any allergies?

No Yes please identify please identify

****Please note that the program staff CANNOT administer any medications (including aspirin) to children, however ALL staff is trained in Epi-Pen procedures.**

If your child is 10 years or older, he or she may walk uptown for lunch, without a counselor. They are given 1 hour, plus time to check out and check in upon return. If they are late, they lose this privilege for one week.

I, _____, give my child _____ permission to walk uptown for lunch.
Parent's name

Parent's signature

Child's Name: _____

I am interested in extended care in the morning: Yes___ No ___ Afternoon: Yes___ No___

Please Read Carefully and Sign

I, the undersigned parents/guardians of _____, authorize and permit said child to participate in all athletic and recreational activities without limitations conducted by the Town of Foxboro under its Board of Recreation, and waive all claims against said town, its employees and officers and Recreation Director and Staff personally for any personal injury or property damage which may result directly or indirectly from such participation. I agree to save harmless said town, its employees and officers and Recreation Director and Staff personally from all claims for damages to persons which may result from any such activities by said child. I sign that the above information is complete and accurate. Please note registration fee goes towards the Foxboro Recreation Dept. administrative and incidental expenses, and is not an entrance fee or a fee for the use of our facilities.

There are no refunds unless the summer program is cancelled for the summer or unless the program is full.

Please Read and Initial:

1- By registering for this program, you give us permission to take and publish **photos of your child**, along with photo identification. Pictures may be used in the brochure, papers or displayed at Town Hall. If you **DO NOT** wish to have photos of your child used, please initial, or otherwise leave blank. _____ **parent initial**

2- I give permission for my child to participate in supervised walks and hikes. _____ **parent initial**

3- I give permission for my child to watch movies chosen by staff, rated either G or PG. _____ **parent initial**

Signature of Parent/Guardian _____
Print Name _____ Date _____

**BOOTH SUMMER PROGRAM
2014 PRICING**

Residents: \$390 per child; \$210 each additional child

Non-Residents: \$500 per child; \$240 each additional child

Extended Care: **Mornings** (7:30-9am): \$4 per child, per day; **Afternoons** (3-5pm): \$7 per child, per day

Office use only

Amount Received _____ Balance Due _____ Date Due _____ Staff Initials _____

***Please Note:** For families that qualify, you may make up to 4 payments to pay in full BEFORE the Summer Program begins on June 25, 2014.

Payment Received _____ Date _____ check #/cash _____

Payment Received _____ Date _____ check #/cash _____

Payment Received _____ Date _____ check #/cash _____